

REC JUN 1- 1953

STANDARD CERTIFICATE OF DEATH

State File No. 20399

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BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		d. STREET ADDRESS (If rural, give location) 889 West Thomas	
d. FULL NAME OF HOSPITAL OR INSTITUTION 889 West Thomas				d. STREET ADDRESS (If rural, give location) 889 West Thomas			
3. NAME OF DECEASED a. (First) Anna b. (Middle) Finley c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 30, 1866	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 8 Days 27		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Walker H. Finley			13b. MOTHER'S MAIDEN NAME Mary Wallace		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Challis Young Marshall, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 69
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from July 10, 1953 to May 27, 1953 that I last saw the deceased alive on May 27, 1953 and that death occurred at 8:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Ammons, M.D.				23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 5/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri	
DATE REC'D BY LOCAL REG. 5-29-1953		REGISTRAR'S SIGNATURE Sidney T. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.			

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.